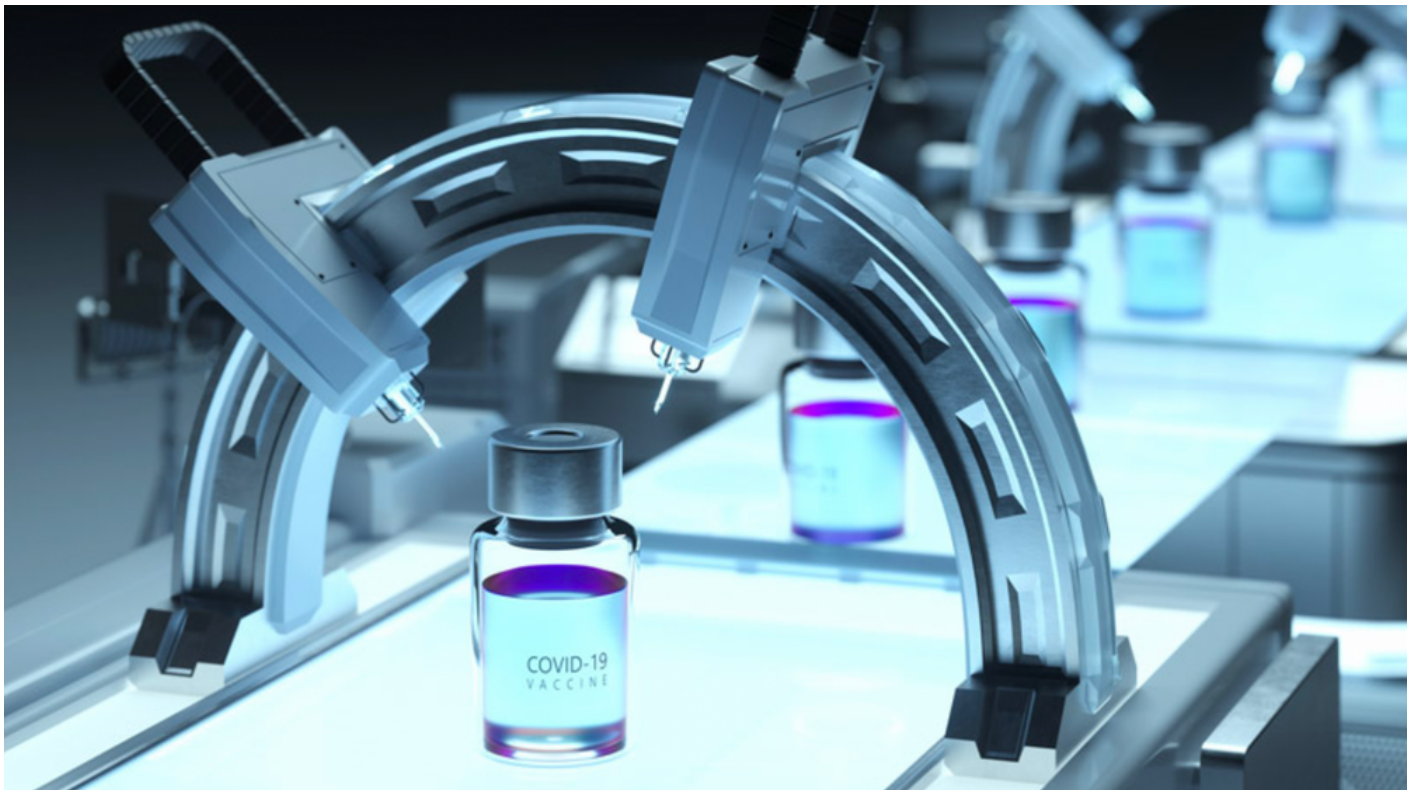


# Network of New Zealand Authorities Still Deceives and Denies Covid Injection Harms



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Feb 19, 2024 8 min



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**Rhoda Wilson**

There was a lack of long-term safety testing of mRNA vaccines before their widespread rollout and mandated in New Zealand and there is a continued failure by authorities to properly investigate vaccine effects on mortality.

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The twisted logic used by authorities to bypass obvious safety issues is exemplified by the Environmental Protection Agency which decided that the mRNA vaccine was not an “organism” and so did not require regulation. It never investigated whether the mRNA vaccine might be a hazardous substance, they simply decided it was safe.

And so, the government allowed a novel experimental biotechnology-engineered vaccine into New Zealand and mandated its use on virtually the whole population.

Health New Zealand continues to claim the vaccines are safe and effective when official statistics show a large rise in all-cause mortality.

Given the existing illusion of biotechnology safety and efficacy still governing the thoughts and actions of those in charge, the future response of governments and medical authorities will be unpredictable, likely draconian, and possibly catastrophic.

## **The Network of Denial and the Trail of Deceit in New Zealand**

**Dr. Guy Hatchard | [HatchardReport.com](https://HatchardReport.com)**

We are continuously sold promises of health breakthroughs that are just around the corner, but we forget they have been just around the corner for decades. We are told technology, and especially biotechnology, will enable us to live longer, healthier lives in greater comfort, yet publicly available statistics show we are now living shorter lives with greater stress, greater wealth divides, and ever-growing rates of chronic and serious illness, including cancers.

I was forcibly reminded this week that it is heresy to deny the imagined march of progress. The burgeoning class of highly paid government technocrats, regulators, and consultants, along with the medical establishment, will do almost anything to protect their imagined future, and that appears now to include the loss of life. Just remember that one murderer or the work of a serial killer is invariably tracked down, but actions that kill millions can be passed off as the price of progress or peace.

## New disease



A discussion between Dr. John Campbell and Dr. John O'Leary, General Director from Milton Keynes, UK, published on YouTube laid bare the deceit of the UK authorities in denying justice for victims and information to the public. The discussion detailed the refusal of coroners and pathologists to investigate the well-documented formation of unusual fibrous clots in many covid-vaccinated people, including some young people who died suddenly as a result of the consequent thrombosis. The excuse of the senior authorities: "The clots must have formed after death," a complete impossibility as death ushers in decay but never growth.

The speakers pointed out that the denial of vaccine damage goes right up to Prime Minister Rishi Sunak. To acknowledge that novel mRNA vaccines might be unsafe is truly off-limits for our medical practitioners, researchers, administrators, and the leaders of once-great nations.

### **Unfortunately, it is also happening here in trusting New Zealand**

A paper published in the journal Vaccine on 2 February entitled '*The impact of covid-19 vaccination in Aotearoa New Zealand: A modelling study*' authored by a group of New

Zealand academics is a case in point. The Abstract claims that between January 2022 and June 2023:

Our results estimate that vaccines saved 6650 (95% credible interval [4424, 10180]) lives, and prevented 74500 [51000, 115400] years of life lost and 45100 [34400, 55600] hospitalisations during this 18-month period.

They concluded that: "Covid-19 vaccination has greatly reduced the health burden in New Zealand."

The paper itself, as the title suggests, is a mathematical modelling of the effect of vaccines, masking, and antiviral drugs on the rates of covid infection, hospitalisation and deaths. The above claims appear to be at complete variance with the overall statistics for excess deaths in New Zealand during the study period which were amongst the highest in the world when compared to the pre-pandemic period and also at variance with the continuing reports that Health New Zealand is overwhelmed with high volumes of illness.

### **So, who is right?**

The paper does not investigate differences in health outcomes between the vaccinated and unvaccinated and thus falls flat at the first hurdle. It completely ignores the issue that overall mortality is ~20% higher about 5 months after vax roll-out compared with historic trends and continues high until the present. A key point is found in the paper's supplement which describes their model.

The antibody titre is assumed to be a correlate of protection and a given titre is generally more protective against more severe clinical endpoints, in line with the findings of [5].

Translated, this means, the authors assumed that the vaccine was effective against death and severe covid and just projected the benefits of the vaccine based on this assumption. They never even considered the possibility that the vaccine was not

beneficial, which is what the all-cause mortality data in New Zealand is indicating. In simple terms, vaccine harm was considered unthinkable.

It is actually very hard indeed to deny the existence of continuing high excess deaths, they are after all official published figures. The leaked vaccination/death data only adds to the misery of officials who are fighting a rearguard action to deny the obvious. Here is a recent reply to an Official Information Act ("OIA") request made to Health New Zealand. The original request was made almost a year ago and asks Health New Zealand among other things for:

Data regarding the vaccination status and age brackets of All Cause Mortalities in New Zealand each month since 2019 to present.

This is of course the holy grail of covid data if we are ever to learn what is causing the collapse of our health system and the blowout in excess deaths. Health New Zealand explained that after a miserly 100 hours of work over a whole year to try to track down the information, they have put it in the "too hard" basket and are refusing to answer the request because they say it would involve them in too much work.

However, that is not the whole sorry story. The Health New Zealand reply includes this revealing admission:

To provide some context, those who have been vaccinated/had boosters are more likely to have high all-cause mortality risk (additional to being aged) than those who did not. Therefore, vaccination will likely be misinterpreted as being associated with increased risk of death.

It doesn't take a rocket scientist to conclude that whatever the 100 hours of work yielded, it almost certainly confirmed a higher rate of all-cause mortality among the vaccinated.

This admission is extraordinary and damning.



Tēnā koe Bronwyn

**Your request for Official information, reference: HN200013886**

Thank you for your email on 27 March 2023, asking for the following under the Official Information Act 1982 (the Act):

*Data regarding vaccination status and age brackets of deaths 'from Covid' (where Covid is the underlying cause) each month since Covid began until present.*

*Data regarding vaccination status and age brackets of deaths where Covid was a contributing factor each month since Covid began until present.*

*Data regarding vaccination status and age brackets of deaths with Covid each month since Covid began until present.*

*Data regarding the vaccination status and age brackets of All Cause Mortalities in New Zealand each month since 2019 until present.*

*Data regarding stillbirth rates each month since 2015 until present.*

*Data and age brackets of reported cases, hospitalisations and deaths by myocarditis, pericarditis and cardiac arrest each month in New Zealand since 2015 until present.*

We apologise for the delay in providing our response to you. The time taken is not what we aspire to in order to meet our obligations for responding to information requests. This is something we are working hard to improve, in the context of being a new organisation and dealing with a high volume of requests given the understandable high public interest in our work and development as Te Whatu Ora.

We have worked with all the relevant hospital areas to try to find the information that would be in scope of your request. At this point, we estimate that over 100 hours of work has already been carried out on this request.

To provide some context, those who have been vaccinated/had boosters are more likely to have high all-cause mortality risk (additional to being aged) than those who did not. Therefore, vaccination will likely be misinterpreted as being associated with increased risk of death. To explain this requires a regression level analysis, which can take upwards of three months based on previous experience.

Additionally, as vaccination does not protect against non-COVID-19 mortality, it is likely that vaccination may still appear to increase mortality risk due to residual confounding coming from measurement of comorbidities.



Given the amount of work that would still have to be carried out to provide you with this information, we have decided to refuse your request under section 18(f) of the Act as the information requested cannot be made available without substantial collation or research. This is in addition to the substantial research we have already undertaken.

Again, I am sorry for the time this has taken. We should have refused this request much sooner.

#### **How to get in touch**

If you have any questions, you can contact us at: [h.nzOIA@health.govt.nz](mailto:h.nzOIA@health.govt.nz).

If you are not happy with this response, you have the right to make a complaint to the Ombudsman. Information about how to do this is available at [www.ombudsman.parliament.nz](http://www.ombudsman.parliament.nz) or by phoning 0800 802 602.

Nāku iti noa, nā



Michael Cleary  
**Acting OIA Manager**  
**Government Services**

The author of the Health New Zealand reply hedges bets by saying that the differential mortality is “likely” due to “residual confounding.” They are suggesting here that the vaccinated population had some unidentified different characteristics from the unvaccinated which predisposes them to die at a greater rate.

However 87% of the population has been injected and/or boosted, this is not a group who were selected because they were sick, old or on the verge of death, it was almost everyone. Because of mandates, healthy working-age people had cause to be vaccinated. To suggest that they might be dying in greater numbers as a result of some uninvestigated statistical bias which Health New Zealand is refusing to assess, because of lack of time, resources and presumably inclination, is utterly absurd and exhibits a blatant disregard for life,



**In fact, Health New Zealand is continuing with a counterfactual narrative that biotechnology vaccines are safe and effective, as such they are refusing to face reality. The public are the losers here; left in the dark and continually urged to get boosted. The unvaccinated are still being labelled conspiracy theorists.**

Health New Zealand and its employees are sworn to protect our health. In that light, this question is of the essence: Is the covid mRNA vaccine safe or is it killing people?

Apparently, even Health New Zealand is afraid that it is killing people but they are refusing to investigate. Because of their deep faith in one word “vaccination” and their enthusiastic embrace of our biotechnology future, they have decided to stonewall any attempt to address the situation. In effect, they are prepared to let people die to defend their faith.

### **So, what is the right approach here?**

Pre-pandemic, the most important criterion of safety in drug trials was any effect on mortality. This paper entitled '*All-Cause Mortality in Randomised Trials of Cancer Screening*' from 2002 spells out the overriding importance of looking at all-cause mortality as an indicator of drug safety or harm, saying:

All-cause mortality, (in contrast to disease specific mortality), does not require judgments about the cause of death. Instead, all that this end point requires is an accurate ascertainment of deaths and when they occur. Furthermore, all-cause mortality is a measure that can capture unexpected lethal side effects of medical care. Because of the concern that some cardiac interventions may cause non-cardiac deaths, for example, there has been a trend toward the use of all-cause mortality as the primary end point in cardiac drug trials.

The paper in the Vaccine journal cited previously and the OIA reply from Health New Zealand are relying on discussion based on covid-specific outcomes alone, they are ignoring the huge rise in all-cause mortality. They are ignoring the canons of accepted scientific assessment. In doing so, they are failing in their duty to protect public health and life.

## So, what do we think of all this?

Clearly, a huge number of people, many associated with the medical profession, have formed a mutually supportive network of communal amnesia in the face of fact and standard procedure. Incredibly, it appears they are prepared to put even their own lives at risk, let alone the public's, to justify their opinions.

There is of course more to this story and I am very grateful for those well versed in scientific practice with whom I correspond and hold discussions. As you know, the Pfizer vaccine was never subjected to long-term testing before its release, so there was no opportunity to assess its impact on all-cause mortality. This is something that can be, and desperately should be corrected right away.

So why did the government allow a novel experimental biotechnology-engineered vaccine into the country and mandate its use on virtually the whole population?

THIS document from the Environmental Protection Agency ("EPA") explains the twisted logic that was used to bypass the obvious safety issues. The EPA decided that the mRNA vaccine was not an "organism" according to their interpretation of the Hazardous Substances and New Organisms ("HSNO") Act and therefore did not require regulation. In reaching this erroneous conclusion that suited the government of the day, the Decision Making Committee ("DMC") of the EPA worked closely with Pfizer and concluded:

The DMC decided that the only thing that BNT162b2 was capable of producing was the SARS-CoV-2 spike protein, and not more copies of itself. On this basis, the DMC determined that BNT162b2 did not meet any of the criteria for it to be called an organism.

**The EPA never investigated whether the mRNA vaccine might be a hazardous substance, they decided it was safe in the absence of any long-term testing which for novel vaccines would normally take place over at least ten years.**

If gain of function experimentation, biotechnology innovation, military exploitation and casual public exposure to increasing risks of novel medical interventions is allowed to continue unchecked, and in fact enthusiastically funded and defended, there is little doubt that there will be another pandemic and there will be a deepening of our medical crisis. Given the existing illusion of biotechnology safety and efficacy still governing the thoughts and actions of those in charge, the future response of governments and medical authorities will be unpredictable, likely draconian, and possibly catastrophic.

I think you will agree with me that such a pervasive alliance of deliberate scientific amnesia directly involving the medical authorities and their regulatory agencies which has firmly established itself over four years will probably now be very hard to shift. Despite this, please make a submission to the New Zealand covid-19 inquiry which is seeking public input to expand its terms of reference, you may do so at the following website: [Covid-19 Commission Inquiry Have Your Say](https://hatchardreport.com/the-network-of-denial-and-the-trail-of-deceit-in-new-zealand/).

Source: <https://hatchardreport.com/the-network-of-denial-and-the-trail-of-deceit-in-new-zealand/>

Original Article: <https://expose-news.com/2024/02/17/network-of-new-zealand-authorities-still-deceives-and-denies-covid-injection-harms/>

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